messages more effectively in programmes aiming to reach this group.

The selection of venues for health promotion is also important. Situating campaigns in places where men frequently gather or must spend a great deal of their time may be a useful approach. Examples can be found in a Chilean campaign carried out aboard ship for sailors and campaigns for defence personnel which use military facilities to put messages across and initiate participatory activities.

The focus of messages aimed at men must be carefully considered. Caution must be exercised to avoid messages which might appeal to male "pride" yet simultaneously reinforce attitudes harmful to others (e.g., women in general and male and female sex workers). For example, in many Latin American countries there is a tendency among men to promote themselves as "*macho*" ("real men"). Such a concept may be positively used if it reinforces responsible behaviour. However, when the *macho* concept is implicitly understood to mean that women are not worthy of protection or unable to make sensible decisions it has negative repercussions. Using "*machismo*" (being *macho*) as a slogan to attract men's attention could therefore send mixed and ambiguous messages and should be done with great care.

On the other hand, we must also be careful to avoid making assumptions about what types of messages will appeal to men. It is somewhat commonly presumed that women tend to be more open than men to information when they are approached in their role as a parent. However, concern for their children's welfare and family continuity may also prove to be a powerful motivating factor in persuading men of the need to practise precautions. For example, a Tanzanian social marketing campaign found during pre-testing that the second most popular condom-promotion slogan was: "Protect your future and your family. Prevent AIDS infection, use a condom."[2]

Assumptions should also be avoided regarding what many consider to be "fixed categories", such as sexual identity. Programmes targeting homosexual men and lesbian women usually concentrate on advocating safer sex with same-sex partners, ignoring the fact that many homosexual men and women have sex with people of the opposite sex. As some studies presented at International AIDS Conferences have revealed that bisexual men tend to practise safer sex less often with female than male partners, campaigns should take this as an important departure point.

Another field in which assumptions concerning sexual identity must be carefully examined relates to transsexuals. People are usually identified as male or female on the basis of their genital organs. Nevertheless, transsexuals do not self-identify as male or female on this basis; biologically male transsexuals will therefore not consider themselves homosexual if they have sex with men. This is an important consideration for programmes targeting sex workers because transsexuals found in this occupational group may consider messages designed to appeal to their homosexual colleagues as irrelevant to themselves.

Two of the key guiding principles in health promotion are the strengthening of community action and creation of supportive environments. The development of these two action areas has proved to be effective in encouraging safer sex among homosexual men. Many of these programmes have set up networks and provided opportunities for the exchange of information and experiences. Such activities aimed at supporting and maintaining caring environments help create a climate in which social norms can change in the direction of safer practices. They also

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provide an opportunity to discover factors which bind people together and which may serve as departure points for prevention work.

It is not only among members of the gay community that this approach can work. A few programmes targeting heterosexual men are using a similar approach. In Ghana and Nigeria, for instance, "Daddies" or "Fathers" Clubs have been established and used as a channel for IEC. At regular meetings, club members come together mainly for shared recreational activities; however, they also are provided with the chance to discuss health, sex and condom use. The men are encouraged to begin sex education with their sons and advised on how this can be done.

The fact that well-known men in the sports and entertainment industries have come forward to use their talents and influence to address the public on prevention is an encouraging development. Particularly the commitment shown by those who are seropositive and willing to devote considerable effort to educating others deserves recognition. People like Philly Bongoley Lutaaya of Uganda, Franco in Zaire, Grabriel Tiacoh of the Ivory Coast, Cazuza in Brazil, Keith Haring and Magic Johnson in the USA can serve as positive role models in encouraging men to share in the challenge of stopping AIDS. In the years to come, hopefully many fathers and male leaders in rural and urban communities will become such role models for us all. ■

[1] *"AIDS and (sex-)tourism", M. Wilke and D. Kleiber, VII International Conference on AIDS, Florence, June 1991.*

[2] *"Consumer research for condom promotion in Tanzania", J. Strand et al., Exchange, 1990, No. 2, pp 10-13.*

PROGRAMME FEATURE

Taking AIDS prevention to the target audience: truck stops along the Transafrican Highway

Solomon Nzyuko, Robert W. Morgan and David Nyamwaya

Long-distance truck drivers operating between the Indian Ocean port of Mombasa (Kenya) and inland cities in East and Central Africa are at especially high risk of contracting and transmitting HIV, as are their sexual partners - barmaids and sex workers. It was in view of this situation that the African Medical and Research Foundation (AMREF), in collaboration with the Ministry of Health, launched the Truck Drivers AIDS Project along the Transafrican Highway in Kenya.

The two-year project, which started in January 1990 with funding by USAID via Family Health International/AIDSTECH, has first focused on two major truck stops southeast of Nairobi: Simba and Mashinani. It is now being extended to two major truck depots in Mombasa while future plans include activities at other truck stops between Nairobi and the Ugandan border. AMREF provides one full-time officer and other staff-members as needs arise. The Ministry of Health has seconded a health-education officer and two public-health officers to the project. Peer educators and other community supporters also participate as do local leaders who have formed committees which monitor project activities at the grassroots level. The director of AMREF's Health Behaviour and Education Department is overall project director.

Project sites

Simba means "lion" in Swahili, but the project site with that name is hardly formidable, being a small trading post which the truckers have adopted as a stopping point 135 km from Nairobi.

About half the population is transient. The indigenous residents are nomadic Maasai who live in the hinterland, usually coming to the centre during the day for commercial activities. Members of the largely agricultural Kamba tribe constitute the largest proportion of traders. Normally, the centre has a resident population of some 200 people, including about 120 Kamba women and 80 men.

Simba has three hotels, some shops and a government health centre. Most buildings have rental rooms but no electricity. Three of the four bars are run by women and their staffs are also entirely female. Average beer sales in each bar equal about five 25-bottle crates per day; beer consumption is highly influenced by the flow of truckers. The average number of trucks stopping for the night is around 20 (with a low of about five on Monday nights). Trucks normally carry two or three men, including mechanics and turnboys in addition to the drivers; turnboys assist in driving and (un)loading.

Mashinani originally was a depot for storing construction machinery when the Transafrican Highway was being built. About 208 km from Nairobi, it is much larger than Simba, with a resident population fluctuating between 250 to 400 people (mainly Kamba). The 150-200 women residents are engaged in various activities which include selling vegetables and miraa (a mild narcotic drug) and working as restaurant and bar attendants. Some women without fixed occupations are classified as sex workers, including women and girls from outlying villages who come to the centre in the early evening and leave for home in the early morning. The women are mostly aged between 16 and 35 years.

The truckers, who comprise most of the transient population, either camp in the centre overnight or stop there for lunch. They consider Mashinani an ideal place for "relief" stops due to the presence of such amenities as 10 bars and several restaurants serving roasted meat (usually goat, a popular delicacy). The centre also has 7 hotels, rental rooms, a recreation hall, shops, a large open field-market, a primary and a secondary school, three private clinics and a government health centre. On average, 35 trucks stop over each night while 20 or more trucks stop at lunchtime.

An important amenity offered by both Simba and Mashinani is a good security system, which guarantees the safety of the truckers' cargo. The drivers try to stop east or west of Nairobi because of security problems in the city and because rooms are cheaper. Most truckers and their assistants are Kenyan while a small proportion are from neighbouring countries such as Burundi, Rwanda, Tanzania, Uganda and Zaire.

A "bottom-up" approach

In Kenya, rural development projects are based on a district focus strategy, which provides an excellent mechanism for the evolution of support by local leaders, community groups and intended beneficiaries. Accordingly, the Truck Drivers Project first obtained baseline data on the people's knowledge, understanding and behaviour regarding AIDS and their possible role in curbing the epidemic by holding consultation meetings, informal interviews and focus-group sessions in the communities.

In these initial meetings, it became clear that community and business leaders had little awareness about AIDS and the need for prevention, little knowledge about condoms (only 10% of the younger businessmen seemed to know what they were) and were mostly ambivalent about supporting the project. Their principal concern seemed to be that a group of strangers had come to their community to talk about a strange disease.

The target population (truckers, barmaids, sex workers) seemed more aware of AIDS and condoms but did not appear to think AIDS was a problem of personal concern. They related condom use to factors other than AIDS prevention. As a result, they, too, were not enthusiastic about supporting the project.

AIDS as an "invisible" disease

Both the qualitative and quantitative baseline research produced useful insights. Informal interviews, focus-group

discussions and observation revealed that local leaders and the business community at both sites associated AIDS with breaking traditional incest taboos and with diseases such as diabetes and tuberculosis.

The truckers and their partners initially saw AIDS as a disease of foreigners (outsiders) and slim persons and also related it to breaking incest taboos. Some truckers said they sought out fat women in foreign towns as they were thought less likely to have AIDS. They viewed AIDS as a sexually-related disease which has no cure and is fatal, with victims wasting away slowly to die – but these symptoms are usually associated with breaking incest taboos.

A KAP survey of 249 men (truck drivers, turnboys and mechanics) and 66 women (including barmaids and sex workers) explored knowledge of HIV transmission and responses to the epidemic, with special emphasis on condom use.

Both men and women reported misconceptions (including mosquito bites, kissing, hugging and sharing toilets as transmission modes). About 73% said AIDS could be prevented; 44% reported to have ever used a condom. Only 7% associated condom use with AIDS prevention; instead it was related to having had the symptoms (sores and pus) of other sexually transmitted diseases (STDs). (The figures were almost identical for women and t.. ..)

A majority of both male and female respondents mentioned forms of sexual restraint as the primary way to prevent AIDS, including having one partner, tot . abstinence and avoiding extramarital sex. Most admitted to having multiple partners (in addition to their spouses for those who were married).

The project staff interpreted the findings to mean that people use condoms in response to STDs with visible symptoms and not to prevent AIDS because AIDS symptoms are usually not seen: it is a largely "invisible" disease.

Winning community support

Based on the research findings, several project activities were developed which simultaneously evoked community support and promoted prevention efforts. A number of thematic messages were selected; these included:

- the AIDS threat is real
- the risk of AIDS
- mosquitos do not transmit AIDS
- AIDS is not transmitted through skin contact, kissing and hugging
- the pain of AIDS and other STDs
- AIDS is preventable but not curable
- reducing sexual partners reduces the risk of AIDS
- condoms prevent AIDS
- the condom is the best hope for a safe future.

Seminars for local leaders and the business community proved extremely popular and provided fora for modifying ideas and soliciting project support. Participants were informed systematically about AIDS, the project's objectives and the roles they could play to ensure its success. Later, these leadership groups assisted in identifying peer educators who, after appropriate training, proved to be very effective person-to-person communicators about AIDS.

The research identified the sex workers as something of an elite group in their communities in terms of both education and income. They also showed special interest in the project objectives. As a result, several sex workers were selected as peer educators and are proving very effective in this role. Other peer educators, drawn from local residents, include members of the leadership groups, bar owners and barmaids. They were supplied with personal badges and key-holders; these items now serve as status symbols in the project communities.

The peer educators distribute posters; locally-prepared video films are also shown, providing another forum for communication and asking questions. Condoms are distributed by the peer educators, bar managers and other bar staff as well as via eight strategically positioned free condom dispensers. The dispensers are kept stocked by local public-health officers.

Intervention outcome and lessons learned

Though it took some time, community leaders became active educators and motivators regarding AIDS prevention and condom use. The target population's fears and suspicions are being handled; they are now talking about safer sexual practi-

ces, including the advisability of limiting their number of sexual partners. It is not clear whether they are doing this, however, and the topic requires further research.

They are starting to use condoms. About 250 per day are distributed at the project sites. Bar managers state that truckers come to their rooms asking for condoms when dispensers are empty. The sex-worker peer educators report that truckers who are not their actual clients also knock at their doors at night to ask for condoms.

The project staff has learned some lessons about community motivation. The target audience proved to be rich in ideas concerning its own welfare. Involving the beneficiaries in project activities led them to identify more readily with project goals and to participate at levels above and beyond the original goals. In this context, it should be noted that patience with community members proved to be more valuable than trying to adhere to the previously-established project schedule.

As information has accrued, it has become apparent that the project must be extended into communities adjacent to the truck stops. Peer educators have asked AMREF to make condoms available in the hinterland communities and school officials have requested AIDS education programmes for their students. An emphasis is developing on the problems of teenage girls, who are now known to engage in sexual relations with the truck drivers, then carrying HIV back to their communities. Teenage boys are also known to have relations with sex workers who have had relations with truck drivers, thus forming another avenue for HIV transmission to the hinterland. These young people tend to be uninformed about STDs and disadvantaged in obtaining medical care. A large need clearly exists for extending the AIDS information network much more broadly than simply along the truck route itself.

The Transafrican Highway from Mombasa to Malaba in Kenya is providing useful sites for AIDS/STD education and health promotion.

Future outlook

The project is now in a position to extend broadly across Kenya into Uganda and to link up with AMREF's parallel project in Tanzania, which extends along the highway from Dar es Salaam to the Zambian border. In this way, an international network will be established to combat one of the key transmission links for AIDS in this extremely high-risk area of the world. It will also permit the further development of procedures for reaching groups who practise high-risk activities, both along the principal highways in East Africa and in the adjacent countryside. AMREF's collaborative approach with the Ministries of Health offers one of the best avenues for a comprehensive programme to combat the international threat of AIDS. ■

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COUNTRY WATCH

This regular column focuses on innovative AIDS health promotion materials and strategies. Brief notes from readers on evaluation results, rapid assessments or pre-testing are also included. Suggestions from readers on items for this column are appreciated.

Ghana

Military personnel have been identified as one group whose frequent travel and subsequent change in sexual partners may put them at risk of infection with HIV/STDs. Accordingly, the Ghana Armed Forces (GAF) are making specific efforts to reach men in this target audience.

Collaborating with the Ministry of Health and with support from AIDSTECH, GAF first carried out a KAP study and focus-group discussions at various garrisons. These showed that the men had a high level of awareness about AIDS and HIV transmission but that they still believed in some myths and perceived themselves at risk only when they are on operation outside the country, using condoms selectively for casual sex partners.

Based on these findings, a multifaceted information and counselling programme was developed. Health officers from each garrison are trained for the programme, which includes regular sessions between officers and their men to discuss AIDS and STDs. Social activities such as informal get-togethers organized by mess units are used to promote prevention and correct condom use. These are supplemented by systematic condom promotion and distribution via GAF stores and welfare shops, messes and canteens and family-planning services.

An important component of the programme is the strengthening of STD treatment services in Accra (the capital city) and the incorporation of counselling, education and condom distribution into all GAF STD services throughout the country. Routine sexual health counselling also takes place at Medical Reception Stations where the soldiers receive medical treatment. *For further information contact: Dr. Lt. Col. (Dr.) F. Apeagyei, Ghana Armed Forces, Accra, and M. Ardoy-Kotei, Health Education Division, Ministry of Health, Accra, Ghana.*

Brazil

In Rio de Janeiro, the "Pegacao" Programme is doing outreach work to counsel, educate and provide condoms to youthful male street sex workers. "Pegacao" is a slang word in the Brazilian homosexual scene which means to seduce or search for a client. A team comprising one coordinator and four educators (all psychologists) has now been in personal and regular contact with a group of such young men (aged 11-23 years) since 1989.

The educators contact members of the target audience in the city centre, train stations, the cinema district and bars. Each team member sees about 10 or more boys a day in the summertime, in the winter a few less. The educators also contact clients and others in the prostitution areas such as those who sell beer. The personal encounters with the boys are used to give them information on HIV and other STDs, general health care and condom use. Since condoms are expensive, the team tries to encourage the sex workers to include their cost in the charge they make for their services. They also encourage them to undertake other safer sex practices such as hugging, masturbation and other kinds of sexual stimulation not involving penetration. The boys appear to like trying out these techniques and some clients have accepted them.

Since printed materials have limited effectiveness with this group, Pegacao emphasizes interactive activities. Games are used to explore safer sexual practices and condom use in an entertaining way. One involves dice (gaming cubes) which depict safer sex practices on the sides of the cubes. Whenever a particular practice appears face up after the dice are

thrown, it is discussed with the players. Another board game, called ZIG-ZAIDS, involves cars and numbered dice. Each player throws the dice and then moves his car the number of steps shown. When they stop, they come to a message about safer sex and have to relate this to their own practices.

Other outreach techniques involve face-to-face discussions and meetings where the young men can discuss relevant topics with counsellors and other health professionals. Well-established links with key agencies which can meet special needs regarding medical and health care, psychological counselling and legal aid are maintained as well. The counselling service not only focuses on AIDS and STDs but also social and personal problems. For example, many of the boys have personal histories of sexual abuse and family problems or often lack necessary documents; the counsellors then assist them in reaching offices where these can be obtained.

The young men's suggestions and comments are considered in weekly team meetings as guides to improve the Programme methodology. Daily records are kept of contacts made, condoms distributed and referrals to other agencies. Individual reports are also made on new contacts.

Monitoring thus far has pinpointed a number of factors which are particularly important in prevention work for this group. One is related to identity: the boys neither consider themselves professional sex workers nor self-identify as homosexual. In their minds, they are just young boys who have sex with a man for money; this type of activity is only temporary and their clients are gay, but they are not. This discovery has proved essential in orienting Pegacao's prevention messages. The educators always talk about practices rather than sex work as a profession and emphasize the need to also protect their girlfriends and female lovers (who the boys consider much more important than their gay clients).

An evaluation after the first six months of the Programme indicated that: condom use among the young men had increased from 15 to 65%; safer sex practices increased from 9 to 70% and visits to obtain medical assistance increased from 0 to 40%. Three boys have also, on their own initiative, begun distributing condoms in the communities where they live.

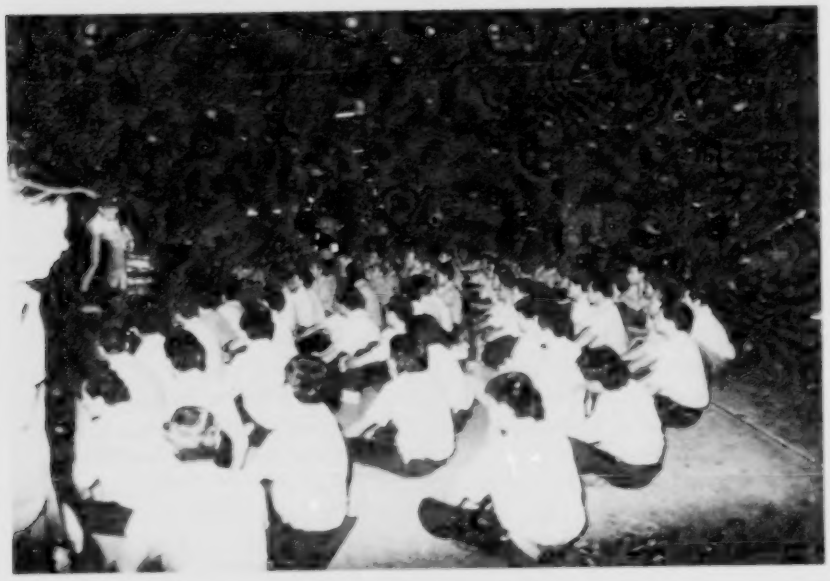
The factors which induce the young men to undertake safer sex vary and are discovered via the personally intimate and regular relationships which the educators establish with them. For some boys, it appears that providing information is sufficient; for others, emotional factors are of importance. In all cases, the educators concentrate on increasing the boys' self-esteem and awareness of health. A follow-up evaluation to estimate the maintenance of safer behaviour is scheduled to begin shortly. *For information, contact: Paulo Henrique Longo, Programa Pegação Núcleo de Orientação em Saúde Social (NOSS), Rua Antonio Parreiras 56, Apt. 104, 22411 Ipanema, Rio de Janeiro, RJ, Brazil; tel: 55-21-227-5944; fax: 55-21-205-5087.*

Thailand

Because of the nature of their job, taxi drivers often meet and talk with people from different sectors of the community. The Population & Community Development Association (PDA) in Bangkok, Thailand, has therefore mobilized this group to disseminate information about the prevention of HIV/AIDS.

After obtaining the cooperation of the Cooperative League of Thailand and the Vehicle Registration Division of the Ministry of Communications, PDA staff contacted the owners and managers of garages and cooperatives around the Bangkok and Thonburi areas. A total of 767 drivers from 12 taxi cooperatives were then recruited as project volunteers. The main selection criterion was their desire and motivation to participate; their bosses neither exerted influence on them nor provided incentives for collaboration.

Short training sessions (mostly at night) were conducted beside the roads where drivers change shifts. The sessions provided basic information on transmission, the extent of the epidemic in Thailand, prevention and the drivers' role as educators. Lectures were supplemented by video and slide shows. The drivers then received educational materials (booklets, brochures, condoms with instructions and cassettes) as well as a display box for the materials. While the cassettes are in Thai, some printed materials are in both Thai and English. In addition, a colourful stick-



PDA taxi driver volunteers were trained in Bangkok alongside roads where drivers change shifts.

er with the slogan "Thais Fight AIDS" was placed on the back of their taxis.

The project is being monitored via monthly meetings with the drivers, spot checks by project staff who pose as passengers and bimonthly report forms which include information about passengers, communication methods used, numbers of condoms distributed, etc.

Initial findings have shown that the drivers' low educational level, limited knowledge of HIV/AIDS and lack of knowledge about their passengers contribute to some reluctance to starting discussions about AIDS with their clients. They therefore prefer to distribute the printed materials, although they do explain basic facts about AIDS if passengers ask. As a result, the display boxes, which were originally placed on the dashboard, are now being attached to the back of the front seat so that passengers can take materials easily.

The drivers frequently use the cassette tapes if passengers want more in-depth information. They are very comfortable in distributing condoms to passengers whose obvious destination is a brothel but they do not want to act as general distributors because only a few passengers can be asked to buy condoms. The major constraints to the project have proved to be limited time and a lack of incentives. In consequence, the project activities have been made very flexible according to their wishes. Attention will also be given to recruiting self-motivated groups so that they will continue these activities after the project period has ended. *For information contact: Tavatchai Traitongyoo, Deputy Executive Director, Population & Community Development Association, 8 Sukhumvit 12, Bangkok 10110, Thailand; tel: 09-66-2-510-402/3, 523-960/4, 527-349.*

A display box containing printed materials provides taxi passengers with information about HIV/AIDS in Bangkok.

India

In Indian society, men who have sex with men generally do not clearly identify themselves as homosexual. This means that there has been no distinct "gay" (homosexual) community which can be targeted for HIV/AIDS education programmes and that men who have sex with men have been hard to reach. A new NGO, Bombay DOST, is now developing a programme to reach this group. DOST (the Indian word means "friend") is using several methodologies.

One project being carried out by DOST's team (which comprises four men and three women) is publication of the first regular and registered periodical for homosexual men and women in the country. Published in English, the periodical's primary target group is the Westernized, English-educated professional homosexuals in Bombay. Each edition also carries a Hindi version of the most important features, however. This tactic is proving useful since the Hindi articles are evoking responses from the heavily populated states of Rajasthan, Madhya Pradesh, Uttar Pradesh and Bidar.

Safer-sex messages are provided in the form of "capsule information" to avoid boredom. Random questionnaires have shown that these features are succeeding in making young men more aware of HIV/AIDS. Condom use has not automatically followed awareness, however, since condom use is still seen as a birth-control measure.

To combat the latter perception, DOST is now making available India's first male-male sex condoms, which are marketed as STD prophylactics. The marketing scheme was preceded by a series of pre-tests to determine what kind of condom-use instructions should be included in the packets. Eight sets of instructions from America, Europe, the United Kingdom, Trinidad and Thailand were selected for the first tests. It was found that photographic reproductions of genital organs lead to discomfort in the Indian milieu so line drawings were included instead. The accompanying texts are in Hindi and English and the condoms are distributed in plain brown paper packets.

The third component of DOST's programme is to encourage networking throughout the country. The periodical is receiving about 80 letters a week from all parts of India and Asian/Indian people living abroad. Those wishing more information are being grouped in zones so that contacts among them can be established in future.

To date, six part-time volunteers have been trained to take on a variety of tasks. These include: distribution of safer-sex literature; assisting young men who are battered and abused in public places; empowering young homosexuals to be socially and sexually responsible; helping create supportive networks among homosexual men and women and helping them gain access to government-supported HIV-testing and medical facilities. There are plans to train more volunteers and to develop outreach educational strategies. *For more information, contact: Bombay DOST, 105 Veena Beena Shopping Centre, Bandra Station Road, Bandra (West), Bombay 400,050, India.*

The Netherlands

Check it out is the title of a magazine recently produced by young men for young men about sexuality and safer sex in The Netherlands. The editorial board, which included both students and workers, comprised five youths aged 16-19 years. They provided the ideas and participated in gathering the information.

The idea for the magazine originated with the Rutgers Stichting, a Dutch Foundation devoted to providing sexual education to all sectors of the population. The Foundation felt that a publication designed by members of the target group and taking into account their main concerns would provide an excellent opportunity to encourage young men in initiating and maintaining safer sex practices.

The contents are varied, discussing both hetero- and homosexual sex. Interviews with a popular soccer player and rock musician about the need to practise safer sex are followed by articles containing teenage boys' and girls' ideas on what pleasurable sex entails, questions to consider when you want to start a relationship with someone you find attractive, and tips on nice places to go on dates or meet people. Other features include a section with the questions boys most often ask about sex, how young men from different cultural and ethnic backgrounds view sexuality, what it is like to visit a "condom shop" and a short story.

STDs and AIDS are further covered in an article covering the most-often questions about the infections and safer sex as well as interviews with a teenage boy and girl who are both seropositive. A resource list of useful addresses and a competition with prizes round out the magazine.

Though a recent study revealed that about a third of young Dutch adolescents do not practise safer sex, the interviews in *Check it out* reveal that AIDS is nevertheless a matter of concern to youth. Hans-Philip, one of the magazine editors, stated that working on the publication had made a difference to his life: "I went along to the interviews with the seropositive boy and seropositive girl. It was very special. We all act as if AIDS is so far away and I personally know all too well how difficult safer sex is. The interviews made AIDS more of an everyday thing for me. And the fear I had of infected people was taken away. Stupid, that fear I had." *For information, contact: Doortje Braeken, Rutgers Stichting, Groot Hertoginnelaan 201, 2517 ES The Hague, The Netherlands, tel. 31-70-363-1750.* ■

EVALUATION NOTES

Pre-testing HIV/AIDS health education materials for youth organizations

Jane Springham and Diane Tuttle-Widdus

The International Federation of Red Cross and Red Crescent Societies and the World Organization of the Scout Movement (WOSM) work with more than 50,000 million youths worldwide. Both organizations recently decided to give priority to equipping their youth workers with the knowledge, attitudes and skills needed to play an active role in preventing the spread of HIV and alleviating AIDS-related discrimination and suffering. Accordingly, they are jointly sponsoring the "Action for Youth" training project which will produce AIDS-related training materials and workshops. The project's first step involved developing a training manual which would both respond to the specific needs of youth workers and strengthen collaboration between the sponsoring organizations.

Development of the manual was supervised by the AIDS Coordinator of the Federation's Health Department and WOSM's Director of Community Development. Three consultants wrote the text and participated in the field testing.

It was clear to the project team from previous field-work that AIDS/health messages delivered to youth in a lecture form with no opportunity being provided for discussion may increase knowledge but does not help much in relating it to personal attitudes or translating it into practice. Hence, youth workers should use participatory methods in their health-promotion activities with youth.

The team decided that youth workers and young people should be involved in the manual's production process to ensure subsequent effective use. Comments were also sought from experts working with youth, HIV/AIDS prevention and health promotion. The experts were asked to respond to a questionnaire and provided additional suggestions, which were taken into account during the preparatory stages.

Three-phase pre-testing

The pre-test process included three phases: an exploratory stage, field testing of a first draft of the manual and field testing of a revised draft.

To better understand the experiences and needs of the target audience, a questionnaire was first sent to the National Societies of the Federation and the National Associations of the WOSM. They were asked to report on the current AIDS-related and youth activities of their own and other non-governmental organizations in their countries and to send copies of the materials they were using.

The information received from 29 countries was used in developing the first draft of the manual. It included basic facts about AIDS, suggestions for youth worker preparation and AIDS-related activities and an annex on how to conduct "focus group" discussions.

First draft field test

The first draft was pre-tested at the Federation's Supercamp in Solferino, Italy, in September 1989. Comments were collected via questionnaires and small group discussions from representatives of 26 countries from the Caribbean, North American, South American, North African, sub-Saharan African, Asia/Pacific, Middle Eastern and European regions. Participants were asked if they found the manual interesting and easy to read and how they would use the materials. Ideas for additions were also sought.

The responses indicated that the young people wanted more general information about HIV/AIDS. They asked for sample stories about the lives of peo-

ple with HIV or AIDS, how the disease progressed, and how people with HIV or AIDS coped with their diagnosis. They wanted to know what they could do to help those infected and also requested more information about safer sex and how to use condoms. Those questioned liked the activities and wanted more. They also felt that illustrations were needed to improve the text.

Many youth workers talked about how hard it would be to initiate AIDS prevention activities in their countries because of government denial or strong taboos about discussing sexual matters. They asked for help in using the manual effectively, particularly in dealing with discrimination of people with HIV/AIDS.

Field tests of the second draft

The text was adapted taking into account the findings from Supercamp. The second draft in English and Spanish was tested with Red Cross and Scout youth workers in Zambia, Kenya, Costa Rica and Uruguay, where the Federation and Scout organizations are strong and receptive to initiating AIDS programmes.

The purpose of the second round of field tests was to learn:

- if the youth workers and youth themselves liked the materials and were interested in using them;
- if the manual provided sufficient technical information about HIV/AIDS and was written on a technical level corresponding to the youth workers' training and skills;
- if the illustrations were considered appropriate and conveyed the intended message;
- if the youth workers felt able to adapt the materials to fit their specific culture and target audience; and
- if the manual was motivating further action by the youth organizers.

Four methods were used to collect the desired information: self-administered questionnaires, interviews using a guide and questionnaire, observation of youth workers and youth trying out the activities suggested in the manual, and focus group discussions.

In all four countries, the youth workers provided valuable comments. These included the novelty of using focus groups (success depending on the youth workers' basic leadership skills and practice) and involving youth in the care and support of people with HIV/AIDS and fighting discrimination. With regard to the latter, the youth themselves felt that once they had been informed, they could have a positive effect on their peers' attitudes.

In all four countries, the manual was generally found easy to read and understand. The facts and case examples were considered culturally and socially acceptable but the workers in Costa Rica and Uruguay wanted the illustrations to be more detailed and include more Latin Americans.

The final version

The manual was revised extensively on the basis of the pre-tests. In addition, activities were planned to support use of the manual.

Adaptation of the text

During the tests in Latin America, many suggestions were made on how to improve the manual's general attractiveness. This was partly related to the presentation - the photocopies of the Spanish text were not very good, which influenced acceptance of the materials. This underlines the need to take quality considerations into account from the very start.

The final text was revised to include new information. Sections were added about the history of the epidemic (based on WHO statistics), testing for HIV antibodies (what people need to consider when taking a test), sexually transmitted diseases and safer sex (including how to use a condom), the stages of illness with AIDS and guidelines on AIDS and first aid. The section on the care and support of persons with HIV/AIDS was rewritten to include more examples of ways in which youths can help in this area and in fighting discrimination. The focus is on working with other groups as well. In this way, the young volunteers would receive support and training from a wide range of organizations while appropriate and coordinated services could be ensured.

Initially, no emphasis was placed on the likelihood of HIV transmission through mosquito bites or the age-old question of where HIV originated. However, it pro-

ved impossible to avoid dealing with these issues in some detail since they still seem to be widely debated matters and the youth workers wanted help on how to answer questions in these areas.

Many people had asked for personal testimonies about the impact of HIV/AIDS on individuals' lives. In response, short case studies are provided but these are less specific than people had requested, because we felt that such information needs to be collected for each culture and situation.

A section on parents was retained in the text, but it is made clear that including parents in activities is an option, not a recommendation.

Adaptations in the illustrations

Testing of the illustrations showed general acceptance of the style and comprehension of most of the intended messages. The exceptions were dramatic, however, for example, the message understood in relation to one illustration was almost the opposite of what had been intended. Most thought the original illustration depicted a boy trying to convince a girl to have sex with him because AIDS could be prevented (Fig. 1A). The intention was to show two youth workers introducing the manual and stressing the value of health education in preventing the spread of HIV. The revised illustration simply shows two seated persons, intended to represent youth workers, discussing the manual (Fig. 1B).

1A

1B

Efforts had been undertaken to make the illustrations "multicultural" in order to highlight the global nature of HIV/AIDS. Nevertheless, as mentioned above, the Latin American groups felt that they could not relate to the people in the pictures. The illustrator redrew several illustrations and changed the general style as suggested so as to include more details in each picture.

From pre-testing it was also learnt that some pictures appeared to portray negative images of those affected by HIV/AIDS. Discussions in the focus groups enabled us to see how we could change the images. We realised that for the illustrations to be effective they should reinforce and not contradict general health messages. For example, the image of a woman kneeling with her first aid kit on the ground contradicted an earlier message that first aid materials should be kept in a clean place (Fig. 2A). The woman in a submissive role also made the target audience uncomfortable. The drawing was changed to take these concerns into account (Fig. 2B).

2A

2B

3A

3B

A picture of an Indian family, in which both children are clinging to the mother, reinforced the idea that women must do all the caring; to combat this idea, the revised illustration shows the father holding one child (Figs 3A and 3B).

The silhouetted figures of a man and woman shown at the beginning of the manual in relation to the sexual route of HIV transmission caused great problems (Fig. 4A). During preparation of the drafts, much debate had occurred regarding whether the man's figure should show a penis and if silhouettes would be acceptable. It turned out that the participants' main worry was that the figures had no arms, legs or hair. In addition, the accompanying text confused the message; the words "What kind of behaviour can lead to infection with HIV?", followed by the picture, were taken to mean that the woman's "behaviour" - standing naked in a provocative stance in front of the man - could initiate sex. The intended message was to be factual (HIV can be transmitted through sex), so the drawing was changed (Fig. 4B).

4A

4B

Support activities

From the field testing, it became clear that training to support the youth workers in using and adapting the manual would be vital. Accordingly, the project involves regional workshops to adapt the materials for use in different areas of the world. The first two workshops, held in Jamaica with Scout and Red Cross participants from 11 Caribbean countries and in Uganda with 34 participants from nine East/West African countries, have had an enthusiastic response.

Insights gained

Pre-testing takes time and money, but it can make a significant difference in the use of the final product. The production team strongly believes that this approach has been crucial to the success of the "Action for Youth" project. In both Africa and Latin America, the youth workers and youth expressed their appreciation for having been involved directly in the manual development process. They were keen to offer help and suggestions about changes we might make in the light of their experience and wanted to be kept informed about completion of the manual. They were enthusiastic and motivated in trying out the health promotion activities and already were thinking of ways in which they would use the materials as part of their AIDS health promotion programmes.

Despite the pre-tests and our attempts to cover everyone's needs, the manual still has some gaps. It was suggested that more information be included on adolescent growth and development, sex education, homosexuality, dealing with sexual abuse and adapting the methods and activities for groups with special needs (e.g., street children). The final version of the manual does not provide this information. Why?

All manuals have their limitations. The main emphasis of this manual is to provide a basis with which youth workers can begin to identify problems in their own area so that they can adapt the materials for their own use. This may mean identifying and using other resource people and written materials to respond to specific needs. This is stressed in the final version.

Field testing with the target audience has meant that we accomplished several objectives:

- We were able to discuss young people's needs, clarify how best to present them and ensure we were providing the answers in a way which would be easily understood.
- We were able to observe use of the materials by community groups and young people and to discuss what worked well and what needed to be changed. We were also able to observe how participatory learning methods would be received by groups who had previously only taught and learned using the lecture method.
- We were able to respond directly to expressed needs and did not simply present materials based on our own assumptions of what was needed.

Continuation of the "Action for Youth" project

The manual has been published in English, Spanish and French; work is in progress on an Arabic edition. The format is that of a simple loose-leaf binder so that extra or updated sections can be added at a later date as new information on HIV/AIDS becomes available.

During 1991-92 further evaluation is intended to provide additional data about the manual's use and ideas for updates. A second edition is strongly being considered since we wish to take advantage of the many useful comments and suggestions which have been coming in from the field. And that is the final lesson we have learned: evaluation is not only a matter of pre-testing but an ongoing procedure which continues to indicate where changes need to be made as you adapt your materials to concrete experience. ■

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GLOBAL BULLETIN BOARD

Two new booklets have recently appeared in the "Strategies for Hope" Series". *Meeting AIDS with compassion: AIDS care and prevention in Agomanya, Ghana* describes how, with limited resources, St. Martin's Clinic has developed an AIDS programme integrating the efforts of the Ministry of Health, the Catholic Church, NGOs, political and women's groups, community leaders and traditional healers. *AIDS orphans: a community perspective from Tanzania* examines how families, communities, NGOs and government services in the Kagera Region are responding to the impact of AIDS on the family system which forms the basis for community life. Each booklet costs £1.50 (including packaging and postage worldwide); organizations in sub-Saharan Africa who are unable to pay in foreign currency may order up to 10 copies free of charge. Contact: TALC, P.O. Box 49, St Albans, Herts AL1 4AX, United Kingdom. ■

AIDS in the Workplace in Southern Africa, by Dr Clive Evian, is a 56-page book aiming to provide managers, employers, business people and union leaders with guidelines for coping appropriately with HIV infection and AIDS in the workplace. In addition to basic information, the publication discusses practices which spread HIV, discrimination and misconceptions and their implications for the workplace, awareness and education, and guidelines for making and negotiating a workplace policy regarding HIV/AIDS. Part of the sales proceeds from the book (cost: R14.75, about $7.00) are being donated to organizations working on AIDS and the South African Nature Foundation for special education and literacy projects. Bulk

orders can be negotiated with the publisher. Order from: Russel Friedman Books, P.O. Box 73, Halfway House 1685, South Africa. ■

AIDS and the workplace is the title of the recently published proceedings of a meeting held in Paris on 25-26 April 1990. Organizations collaborating in the organization of the conference included: the EEC, WHO, ILO, UNESCO, Council of Europe, International Council of Nurses, CDC and various European and American ministries. The book contains executive summaries prepared by 10 expert committees on the following themes: fitness for work; workplace education programmes; insurance; an American opinion; the medical workplace; ethics and social problems; HIV-seropositive employees or employees with AIDS; and certain occupational exposures; risks to workers from travelling and living abroad; immunization; role of the occupational doctor and medical service in the follow-up of and assistance to HIV-infected employees; and corporate support for research, education and prevention programmes. Copies may be ordered from UNESCO. ■

In *Exchange* 1991, No. 1, a Country Watch feature focused on the African film *It's Not Easy*. The film was produced with the assistance of the AIDSCOM Project (funded by USAID) through the Academy for Educational Development and by The Johns Hopkins University Center for Communication Programs. *It's Not Easy* is also available for developing country organizations at a non-profit price of US$ 50 per copy. To order contact: The Johns Hopkins University Center for Communication Programs, 527 St. Paul Place, Baltimore, MD 21202, USA or the Academy for Educational Development, 1255 23rd Street N.W., Washington, D.C. 20037, USA. ■

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